MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1429 — 63-010669 STATE FILE NUMBER

FILED MAR 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0128
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF ... DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff
Length of stay in 1b: 6 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: New Madrid
c. CITY OR TOWN: Lilbourn
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Box 434
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle NMN Last WARREN

4. DATE OF DEATH: Month March Day 18 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-9-96

9. AGE (last birthday): 66
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Decuatuer Co. Tenn.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Warren

13b. MOTHER'S MAIDEN NAME: Nancy Pitts

14. NAME OF HUSBAND OR WIFE: Ruby Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi: WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: VA. Hospital Records, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE - UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERISCLEROTIC HEART DISEASE — 6 Days
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): THROMBOSIS CEREBRAL ARTERIES - RT HEMIPARESIS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-12-63 to 3-18-63 last saw him alive on
Death occurred at 10:50AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J.A. ALEGRE M.D. Actg. Chief, Med. Svc.

22b. ADDRESS: VA. Hospital Poplar Bluff, Mo.

22c. DATE SIGNED: 3-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-20-63

23c. NAME OF CEMETERY OR CREMATORY: Mounds Park Cem.

23d. LOCATION (City, town, or county) (State): Near Lilbourn, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ponder Funeral Home-Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.: 3/21/1963.

26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Homer L. Ponder
Signature of Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.